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VOL. XLIIXIV

NO. 10

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

THE LOS ANGELES JOURNAL OF ELECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL
ISSUED MONTHLY

OCTOBER, 1921

O. C. WELBOURN, A. M., M. D., Editor 819 Security Building, LOS ANGELES, CAL.

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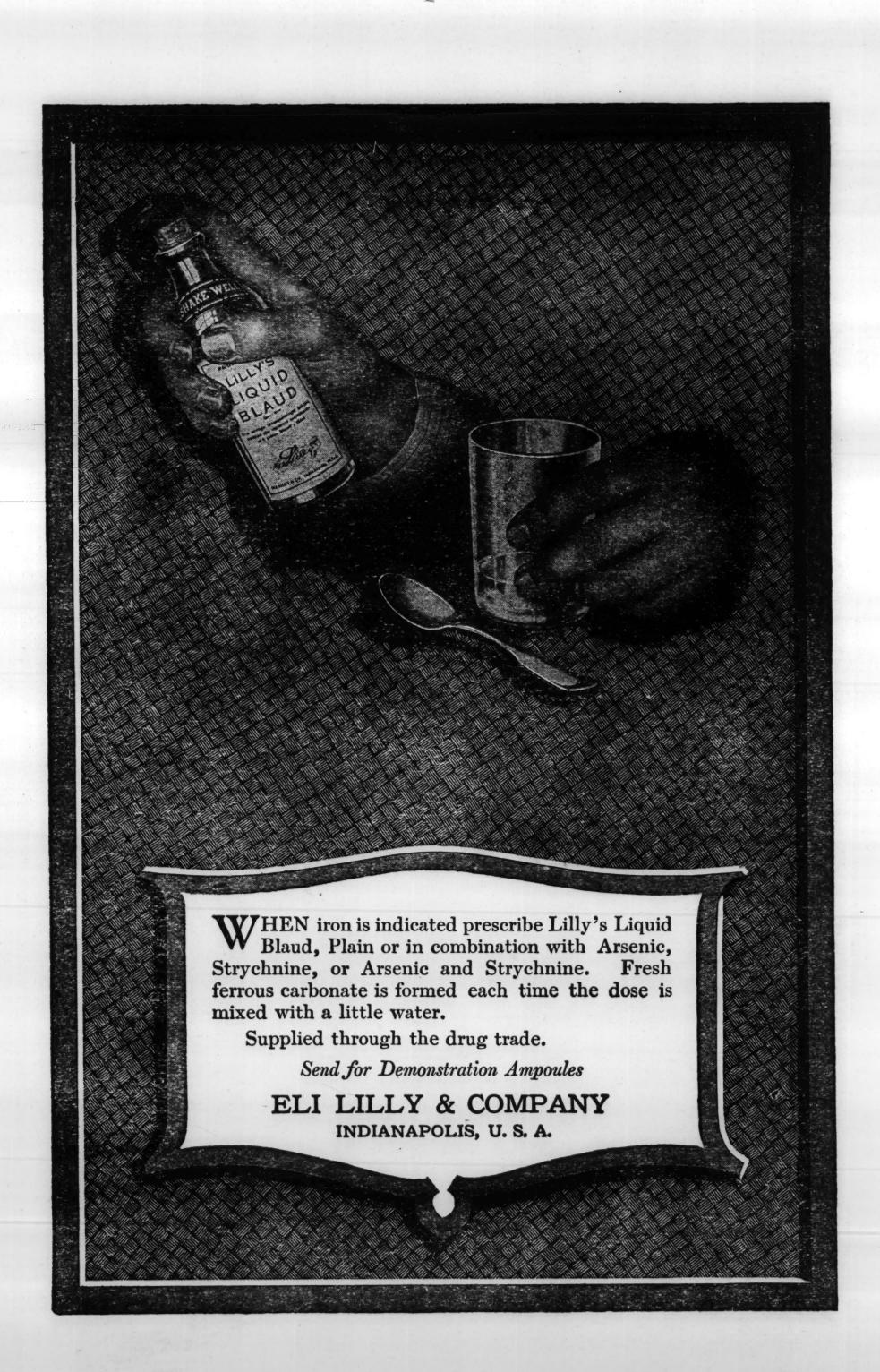
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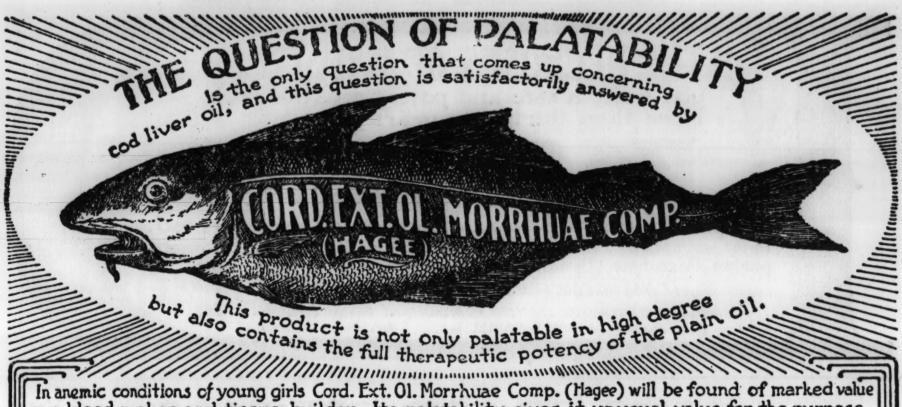
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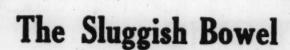
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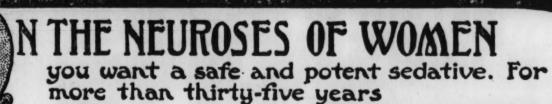
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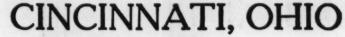
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Sessions: The 76th annual session begins September 16, 1920, and continues eight months.

Tuition: \$150 per year; matriculation fee, \$5.00.

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# The California Eclectic Medical Journal

Vol XIIIXV

OCTOBER, 1921

No. 10

: Original Contributions

#### NECESSITY OF MICROTOME SECTION BEFORE HYSTERECTOMY

Dr. T. C. Young, Glendale, California Read Before the California Eclectic Medical Society

Considering the subject of Hysterectomy from all angles, as diagnosis, etc., we have a large field before us, such as: myomas, fibromas, and other types of supposed benign tumors.

We must not lose sight of the consideration of the cervix. If there is such pathology in the uterus, you must remember that there is very likely such pathological conditions in the cervix, due to malposition, producing erosions of the mucus membranes, etc.

In considering carcinoma in general, 42% are primarily in the mammary glands, 24% in the stomach, duodenum and gall-bladder, and 34% in the Uterus; of those in the Uterus, 79% are primary in the Cervix. We know that this part of the organ suffers the greatest trauma, and is subject to almost constant irritation, due to dilitation in childbirth, and consequent irritation due to scar formation following laceration, etc. In this consideration we must refer to Cohenheims Theory of Embryonic tissue at rest, and Roberts Hypothesis regarding mechanical irritation.

The points in his theory are:

1. All malignant tumors originate in cells which have been

separated from their normal relationships.

2. This separation occurs either by a disturbance of the embryonal or post-fetal developmental processes, or by trauma, or by processes of growth, which are the ultimate results of inflammation.

3. The disassociate cells grow independently and in limitless fashion, because the organism has lost control of them.

4. The difference in the type of tumors are accounted for by the character of the originally separated cells and the conditions under which they have grown.

I think this is the most accepted theory of today, because it holds true in every part of the body where malignancy is

found.

We do not consider that malignancy is a spontaneous condition that comes over night, but it is one that has a long, pre-malignant stage; now if this is the condition we must turn our attention toward investigation by the use of the microtome, and the microscope, and I am free to say I think it is necessary to make a microtome section before doing any subtotal hysterectomy, regardless of how simple the case may be.

Just a few points which may be observed under the micro-

scope, which is characteric of pre-carcinoma.

A diagnosis of typical carcinoma is very easy, but a pre-

carcinomatus condition is very much more difficult.

When examining a slide of the cervix, you see some scattered epithelial cells in the connective tissues of the cervix that are characteristic of the vaginal mucous-membranes of the cervical mucosa of the cells lining Naboth's glands, and are clumped in irregular formation, having no regular arrangement, as you would expect to see in a gland, or a protective membrane. You must immediately think of Roberts' Hypothesis and then you can decide in your mind that you have a pre-malignancy that will eventually form a cancerous growth, if allowed to remain for a few years.

I do not think in these cases it is necessary to surgically remove all of the cervices, but they may be overcome by the

use of the Percy Cautery.

It has been well proven that carcinomatus and prezcarcinomatus cells may be destroyed at 30 degrees lower than normal organized tissues, so by introducing a cold Percy Cautery point into the cervix and allow it to raise to a cooking heat and not a charing heat, the pre-carcinomatus cells will be destroyed and the normal tissue may not be seriously injured, and a good safe prognosis may be given.

# LABORATORY DIAGNOSIS OF PEPTIC ULCER M. A. Welbourn, M.D., Los Angeles

The X-ray examination of the stomach in the hands of competent observers, has almost solved the question of the diagnosis of gastric and duodenal ulcer. McClure<sup>1</sup> says that by radiographic studies, evidence of gastric or duodenal ulcer

can be demonstrated in the great majority of ulcer cases, in which such studies are properly executed. Mayo<sup>2</sup> states that such evidence is found in 95% of the cases of peptic ulcer. The exact character of these findings is fully discussed by Carman<sup>3</sup>.

So much reliance has come to be placed upon the X-ray that the analysis of the gastric contents has been pushed into the background. Due to this disregard, valuable corroboratory evidence is often lost. Before the advent of the Rehfuss tube the passing of the large stomach tube was a procedure not to be regarded lightly, especially if the patient had been through the experience. At the present time patients rarely complain of the examination when the small tube is used. In addition the marked advantage of being able to draw off samples for analysis at stated intervals makes the test much more valuable.

In the typical cases of peptic ulcer the diagnosis can usually be made by a careful history and a physical examination. But when the atypical cases are met with, then, all the aids to diagnosis are found useful. There are several more or less clearly defined atypical varieties of peptic ulcer. In the gall-bladder type of peptic ulcer the pain resembles in all respects that occurring in Cholelithiasis. This pain may occur in periods of exacerbation, as in typical peptic ulcer, or at irregular intervals. Then there is a type of ulcer with constant epigastric pain. Food either does not relieve the pain or aggravates it. A third atypical type is the one marked by excessive vomiting. Another is the one which closely resembles malignancy.

In studying these cases clinically, tre modified Rehfuss tube is used. If there is a history of food being vomited more than four hours after a meal, or any reason to suspect pyloric obstruction, the tube is passed on the fasting stomach, i. e., twelve hours after a full meal. Otherwise the patient has the evening meal as usual, and nothing is eaten until the test in the morning. The patient is then given a shredded wheat bisciut and four hundred c.c. of water, and the tube swallowed. At thirty minutes intervals thereafter, ten to twenty c.c. of

gastric contents are withdrawn.

High acidity is the common finding in peptic ulcer. Lockwood estimates that 80% of hyperacidities are due to other causes than peptic ulcer. Granting this to be true, it detracts but little from the value of the finding when properly evaluated with the history. On the other hand, the presence of free HCL is of marked importance, because the latter is rarely found in malignancy of the stomach.

Food residue from the fasting stomach is of importance in relation to pyloric obstruction, especially if obtained on repeated examinations. In persistent pylorospasm and atony of the stomach wall, a twelve-hour residue may be found in the fasting stomach. This must be always borne in mind.

The finding of occult blood is of little importance unless it is found repeatedly, because trauma, incident to the swallowing of the tube migrt account for it. The finding of gross quantities of fresh or changed blood is of great diagnostic

importance.

The emptying time of the stomach in the presence of a hyperacidity is usually delayed. This can be arrived at by noting the time of disappearance of food remnants in the specimens withdrawn.

Microscopically, the food particles obtained from the fasting stomach are examined for starch granules, yeast cells,

meat fibers, red blood cells, mucus and bacteria.

The examination of the gastric contents is of enough importance, and ease of accomplishment, that it should not be relegated to the past. Possible discomfort to the patient is not to be disregarded, but in view of the value of the information to be gained, is of small consideration. The diagnosis of peptic ulcer should never be made on the evidence of either the x-ray or gastric analysis alone. They should always be considered in addition to the history and physical examination, which are, after all, the most valuable aids to the correct diagnosis.

Mayo, C. H.: Collected Papers of the Mayo Clinic, 1918, x, 81.
 Carman, R. D., and Miller, A.: The Roentgen Diagnosis of the Alimentary Canal, Philadelphia, 1917, 386.
 Lockwood, G. R.: Diseases of the Stomach, New York, 1913, 460.

#### COLLOIDAL SPECIFIC MEDICINE CHIONANTHUS H. Ford Scudder, M. D.

Specific Indications: "Clay-colored stolls, high colored

urine; tenderness and pain in region of liver."

Further indications for the use of Chionanthus are yellowishness of the conjunctiva, yellow or copper-colored skin, pain in the epigastric and right hypochondriac regions. It is also indicated when the skin has a dirty or sallow appearance, the urine scanty, leaving a yellow stain on the clothing, stools light-grayish, hepatic tenderness, dull and expressionless eyes. The only preparation to use is the Specific Medicine, now perfected as Colloidal Specific Medicine Chionanthus.

<sup>1.</sup> McClure, C. W., and Reynolds, A.: Gastric and Duodenal Ulcers: Typical and Atypical Forms; the Relative Values of Diagnostic Procedures. The Boston Medical and Surgical Journal, Vol. clxxxiii, No. 11, pp. 321-328, September 9, 1920.

The special action of Chionanthus is upon the liver, and to some extent upon the organs of digestion and blood making. It has a tonic effect upon the stomach and bowels, and influence the whole glandular apparatus. It is the remedy for engorgement of the liver and jaundice. It is especially valuable in catarrhal conditions of the common bile duct, and in acute congestion of the liver, with imperfect discharge of bile. It is valuable for the prevention of the formation of gall stones, and is equally efficient in aiding their expulsion. Use Specific Medicine Chionanthus, gtt. v-x, in a little water, four or five times a day.

For the jaundice of children or infants, and for the jaundice of pregnancy, we have no remedy more reliable than Chionanthus, nor one more prompt in its action. It is valuable in hypertrophy of the liver, due to obstruction of the ducts, or especially of malarial origin. In combination with Specific Medicine Euonymus, it is an excellent remedy in bilious colic, in biliary intermittent and remittent fevers, with impaired

digestion and sallow skin.

Chionanthus has been strongly recommended as a valuable aid in the treatment of diabetes mellitus. For this, give Specific Medicine Chionanthus in fifteen drop doses, in a little

water, four times daily.

Chionanthus is called for when there is a lack of functional activity of the liver, with extreme irritability and vomiting of bilious material. It is also used with benefit in chronic inflammation of the spleen, disease of the pancreas, and other glandular structures.

## COLLOIDAL SPECIFIC MEDICINE APOCYNUM H. Ford Scudder, M. D.

Specific Indications: "Edema of cellular tissue, especially

swelling of the feet."

Apocynum is indicated in all passive dropsies with feeble circulation, urine scanty and high colored, skin doughy, cool and relaxed, pitting on pressure; face puffy, especially the cellular tissue under the eyes; hands, ankles or feet puffy, with dropsical effusion. Apocynum strengthens the circulation, promotes absorption, and produces a greatly increased flow of urine, without irritation of the kidneys. It is extensively used in the treatment of dropsy, and with most satisfactory results. We employ it in edema, anasarca or dropsy of the serous membranes, when there is no obstruction to the circulation, and no febrile action.

Form of Preparation Used: Many physicians prefer a decoction of the fresh root, but the form of Apocynum I invariably use, and the one to which reference is made in this article, is Specific Medicine Apocynum, now included among the "Colloidums." This carries the full strength of the drug, it is a clean preparation, and gives a clear mixture with water, syrup or glycerin. When the proper indications for Apocynum are present, I have always obtained satisfactory results from the use of the Specific Medicine, in various sized doses. To overcome the bitterness of Apocynum, it may be administered in capsules.

Apocynum restores the natural functions of the blood vessels, stimulates the absorbent system, removes the edematous infiltration, and prevents further exudation. Use it in dropsy resulting from feeble heart action, with lowered blood pressure and poor capillary circulation, also in diseases of women, where the tissues are relaxed and flabby, urine scanty and high colored, in anemia, menorrhagia, where the uterus is full, boggy, and relaxed with watery leucorrhea, and in passive

hemorrhage from the uterus.

Combined with Specific Medicine Digitalis (which is non-toxic in action),\* Apocynum is a valuable agent in the dropsy following scarlet fever. The same combination is useful in dropsical affections resulting from heart trouble. Use it in all forms of dropsy, whether due to liver, heart or kidney disease. In the treatment of hydropericardium, it is the best rem-

edy we possess.

An an Anti-Rheumatic: Apocynum is extensively employed, and with excellent results, as an anti-rheumatic. In rheumatism, where there is a tendency to edema, or where the skin presents a blanched or glistening appearance, Apocynum proves a valuable agent. In sciatica, lumbar and crural neuralgia, try Specific Medicine Apocynum, gtt, xxx, in water 3iv, giving a teaspoonful of the mixture half-hourly until the pain is relieved, then hourly. Apocynum is also valuable as an alternative, and has been successfully employed in syphilis, chronic skin diseases, and scrofula.

## MITRAL VALVE AND ITS DISEASES M. C. Belknap, M.D., Mayville, N. Y.

"Mitral regurgitation is one of the most common conditions which is met with in practice," so says one of our ablest authors in medicine. It is a condition of great importance.

<sup>\*</sup> No cumulative effect has ever been reported from the use of Specific Medicine Digitalis. See Lloyd Brothers Drug Treatise on Digitalis.

It is of the utmost importance to remember that some of the cases of mitral regurgitation are merely the results of temporary changes in the left ventricle, and are evidently curable, while others are due to structural changes which are often per-

manent and incurable.

These difficulties are termed functional and organic. The term "functional" is often misleading. It is certain that wellmarked functional and organic changes are present in many cases of curable mitral regurgitation, as in chlorosis. We have read that mitral regurgitation is often the result of fatty changes in the wall of the left ventrible. This is frequently termed by authors a functional murmur, when, I should think, a more proper term would be a murmur caused from a structural derangement. A functional mitral murmur is caused by a sudden over-distension of the left heart, producing a temporary leak. This, I should think, would be true of the other valves. It could be expected in a perfectly healthy heart, hence the functional mitral murmur would be exceedingly rare. We are told that where the regurgitation is associated with and caused by distinct organic alterations, usually in the muscular walls of the left ventricle, the organic changes on which the regurgitation depends are rarely dispelled by treatment.

The mitral regurgitation which so often occurs in anemic patients, also that following a long attack of fever occurring from cardiac debility, are also curable. It is necessary to treat

these cases carefully, as you all know by experience.

Those cases of mitral regurgitation associated with kidney diseases; atheromatous conditions of the peripheral arteries of the heart; any mitral regurgitation in which the leak is caused by over-distension of the walls of the left ventricle, resulting from increased pressure in front, this may be a possibility these cases may be associated among the curable cases.

In a large number of cases of mitral regurgitation due to obstruction in front, and resulting from over-distension of the left ventricle, it can readily be seen that the wall of the ventrible is not healthy. If the wall were absolutely healthy the regurgitation would not occur, very rarely at least; for the ventricle, instead of giving way and dilating before the obstruction and allowing the leak through the valve, would redouble its efforts and become hypertrophied.

It is utterly impossible to classify every mitral regurgitation as we see it by the bedside. It is often the case that a temporary regurgitation or mitral leak will occur again and again when the left ventricle is subjected to any temporary over-pressure. A continued and oft-repeated over-distension of the left ventricle produces a hypertrophied condition, consequently a weakened state of the muscular fibres, giving rise to temporary mitral regurgitation. Some cases result from changes in the chordae tendinae. These structures may become thickened or shriveled in different degrees. This nearly always, we are told, occurs from endocarditis resulting from rheumatism and other chronic changes, also from gout and syphilitic changes. I think it is more likely that the chief cause of mitral regurgitation, especially when it is a free and profuse leak, is due to an incompetent condition of the cardiac muscles than to any great changes in the valve segments. A very free regurgitation does, however, occur from an ulcerated condition in endocarditis which destroys the valve structures.

There is a condition, termed by some authors, "relative incompetence," associated with dilation of the left ventricle. Any condition producing dilation of the left ventricle may in consequence produce mitral regurgitation. All conditions which impair the contractility of the muscles of the left ventricle, especially the fibers which surround the mitral orifice, will produce an imperfect closure of the valve, consequently

you have mitral regurgitation.

It might not be out of place to right here mention some of the changes in the cardiac walls that produce mitral regurgitation, which is difficult, if not impossible, to cure by any of our present therapeutic means. They are: Myocarditis and the changes it produces in the heart-wall; the changes produced in the cardiac wall by atheroma of the coronary arteries; the fatty changes which occur in middle age and old people, not the result of anemia; fibrous degeneration of the heart-wall; a degenerated condition of the heartwall occurs as a result of the engorged condition of the veins and lymphatics, that is incurable. These are some of the conditions for which it would be utterly useless to use more than a palliative treatment. All authors, as far as I have read, agree that it is not always an easy matter to diagnose these different conditions at the bedside, and to tell whether the condition upon which the mitral regurgitation depends is curable or not. Many of the conditions will disappear for a time under careful treatment, but they return after a time seemingly more vigorous than ever, and, if not very cautious, the physician is liable to hasten a fatal termination.

It is nearly impossible in any case of mitral disease to speak with any degree of confidence as to the future course of the disease, until we have come to a definite conclusion in our own mind regarding it, and what is of more importance in the correct determination of the point is in many cases of vital importance as regards treatment. For example, in many curable mitral regurgitations to give a cardiac tonic would be positively injurious, whereas in permanent organic changes these remedies, as every physician knows, would be of the utmost service. The decision as to whether the condition on which a mitral regurgitation depends is curable or not, is in some cases easy, while in others most difficult. In a case of acute rheumatism it is sometimes a very difficult matter to decide whether a systolic mitral murmur is due to inflammatory changes of the heart, and liable, therefore, to be followed by permanent injury to the valve, or whether it is the result of mere temporary alterations in the cardiac muscles, produced by the febrile process and the anemia which are present.

I do not propose on this occasion to enter into minutiae, but I may say that in trying to determine whether a mitral regurgitation is due to curable or incurable conditions the following seem to me the most important points to be taken into account, viz., the age, the general condition of the patient, and the fact whether he is sucering or has suffered from any disease which is likely to be the cause of those conditions which we know are apt of be attended by curable mitral regurgitations, on the one hand, or with permanent and incurable mitral regurgitations, on the other. I will illustrate by one or two cases. If the patient is very anemic, if there be a venous hum in the neck and a systolic murmur in the pulmonary tract, the heart will in all probability become perfectly normal, and the mitral systolic murmur will disappear provided the anemia can be removed by appropriate treatment. In these cases mitral regurgitation is a secondary result; the alarming condition of the case is in no way determined by the presence of the mitral murmur; it is not essential in forming a prognosis; this has to be based not upon the cardiac lesion, but upon the cause of the anemia, and the treatment has to be directed to the restoring of the blood rather than to the relieving of the cardiac symptoms. If the anemia be cured, the cardiac symptoms will disappear. treat such cases with cardiac tonics would cause serious results. A mitral regurgitation appearing after an attack of fever, as typhoid or typhus, or in any condition in which the heart is temporarily enfeebled, and in which endocarditis does not appear, is in all probability the result of temporary changes in the muscular wall of the organ, and completely curable.

A mitral systotic murmur which occurs in the early stages

of acute rheumatism is probably associated with acute endocarditis or acute myocarditis, or both, which are apt to leave permanent organic changes behind them. In teating doubtful cases of this description, it is the duty of every physician to be very cautious. In a large number of cases of mitral derangement caused by rheumatism derangement can be greatly lessened by appropriate treatment. I fully believe one might produce permanent injury to the value by injudicious treatment in rheumatic inflammation of the heart, when, by allowing complete rest and some applicable treatment, the difficulty will subside. A mitral regurgitant murmur which is not the result of rheumatism or other well-known causes of endocarditis, is of much more serious signficance in a middle-aged or old person than in a young person. The important questions which have to be answered in all diseases of the mitral valve are: Why has the condition occurred? Is it due to an attack of rheumatism? Does it depend upon some temporary enfeeblement of the cardiac muscle, which is liable to pass away under appropriate treatment? Is it the result of incurable degeneration in the coronary arteries or wall of the heart? Is it the result of a process of chronic thickening or contraction which has for years been gradually and surely going on in the valve, and has up to the time of the breakdown been satisfactorily compensated?

#### THE DRUG ADDICT

Stanley Tommasello, M. D., Greenwich, Conn.

Is the drug addict a maniac or a sick person? We will analyze and scrutinize briefly this subject.

A drug addict is a very sick person, whose suffering is from a chronic form of toxicity, from which depends his existence, like other cases, as chronic alcoholism, nicotinism, etc.

The toxins from animal, vegetable or mineral sources act powerfully on the animal body, and they (toxins) are the factor sine qua non, to a certain extent, to keep the organs working, no matter if at the detriment of other glands (liver, spleen, kidneys, etc.) When we want to detoxicate an organism all at once from any infection, we can witness an organic catastrophe, the same when a perspiring body is exposed to a temperature at the zero point bluntly.

Many times our profession lose cases of pneumonia when alcoholic beverages are not administered to sick drunkards. Those unfortunate patients were betrayed from casual addict in the course of their starting, and once the exhilarant drug is taken and the victim pleased by the dream-like effect, the prey can not stop its use. From the first small dose to the large maniacal dose the step is short, and when the habit is started and continued the addict seems to live under a strange influence, whose power makes the prey a kleptomaniac, slave, etc. Now we will try to find a way to meet this devil habit and see what we can do to cure this chronic organic toxicity.

First of all, we must admit a priori: (1) That animal toxins are better and quicker eliminated by antitoxins; (2) that inorganic poisons (chimotoxis) are neutralized by chemical reactions; (3) that vegetable poisons are neutralized by physiological reactions. Now what to use for these patients? In this case the physiological reaction will answer the purpose. But besides the physiological reaction other ways and means

shall be employed.

The patients should be taken from the surroundings where they contracted the habit and be confined in some sane, healthy and bright location where life could be taken easily and cheerfully. Any kind of amusement should be offered to

them, even hard but varied occupations.

Plenty of food of any kind should be taken, even in the course of the night. Every five hours a hypodermic injection composed of 20 centigrams of quinine bromidrate with 1-75th grain of atropine sulphate, dissolved in 4 c.c. of glycerine and camphor water. Every evening a moral catechism should be imparted to them and left to their consideration, what a life they were living under narcotic influences, and impressing on their souls the new life they must start in the community, recommending to reciprocate their benefit with friends and taking out other unfortunates from the most dangerous habit.

I do not consider it wise to have patients treated by the reduction cure, as the largest number of these afflicted belong to the hard working class, with no large income, and when they have no funds to buy the drug they steal or become slaves. Should the Government offer a hand to these unfortunates for their safety and for the safety of our community? I think there is no better way to save, help and control millions of disgraced human beings than the direct control of the Govern-

ment.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

#### PROFESSIONAL SUCCESS

It has been stated that only three per cent of those who engage in business make a success of it. Professional men, by reason of a more thorough preparation, make a better showing. But even so, it is none too good. Furthermore it is readily susceptible of improvement. Of the many reasons for lack of professional success, one is conspicuous. It is the failure to do one's best. A feeling, conscious or otherwise, that to do less, is good enough—that such work will "get by," any way. However, it frequently happens that the patient or his friends sense the true state of affairs, and they don't like it. Later he will learn that the next time they need a doctor, they tried out another man. To be successful in the practice of medicine demands hard work and lots of it. But this is true of other walks of life, also. Why not take life easy? The majority do! Well, of course, if you are built that way!

#### SPONGIA

(A Preparation of Euspongia Officialis.)
J. T. Lloyd, Ph. G., Cincinnati, O.

The subject "Spongia" is of interest from many angles, not the least being the position of sponge in nature, and its historical record among naturalists. Indeed, although the primary object of this paper is to contribute to the history of its pharmacy, we might scarcely be excused were we to neglect a brief account of its biology.

All sponges are aquatic, and almost all are marine. A few species of true sponges are inhabitants of fresh water rivers, ponds and ditches. Of the great number of marine species only a few, the bath sponges, enter into household economy, and consequently, only these are known to the majority of people. It is doubtful whether all people suspect that the sponge, as it reaches them, is only the skeleton of an animal that in life appeared more like a mass of brown or greenish jelly than like the familiar "bath sponge," or "carriage sponge" of commerce.

In size, form and general appearance there is a vast difference between different species of sponges. Some, like the bath sponge, have their form and size determined to a great extent by their age and by the environment in which they grow. For our present purpose, such sponges as these may be considered as colonies of individuals that may keep on increasing in some parts and dying out in other parts, with ever changing form and size. Other species are not colonial and are of much more definite size and form. No more beautiful and delicate objects exist in all nature than some of these, with their skeleton lattice of slender, glass-like threads of fine silica.

Regardless of size or superficial appearance, different species of sponges grow and perform their natural functions in much the same manner. Water is inhaled into certain pores. During its circulation it is relieved of its load of microscopic organism, and also of such mineral salts as the sponge can use as "food" in the formation of its skeleton.

The spicules that form the skeleton of the sponge, not only are quite different and characteristic in different species, in both size and shape, but the material itself varies with the species. In some they are calcareous, in some siliceous, in some horny, and in other species the skeleton is absent. Hence the pharmaceutical manipulator may produce very different products unless he selects sponges with the same care that he gives to the selection of medicinal plants. It is the skeleton

of the sponge Euspongia Officinalis, freed from foreign mat-

ter, that should be used in medicine.

The material which forms the skeleton of sponges, like the calcium of mollusc shells and the silica of diatom cysts, is extracted by the creature from weak solution in natural water. No doubt but that certain animals and plants play a large part in keeping these minerals as dilute as they are in nature. In this respect, Sollos, in the Cambridge Nat. Hist., 1909, states:

"The quantity of silica present in solution in sea water is exceedingly small, amounting to about 1½ parts in 110,000; it certainly is not much more in average fresh water. This is no doubt due to its extraction by diatoms, which begin to extract it almost as soon as it is set free from the parent rock. It is from this small quantity that the siliceous sponges derive the supply from which they form their spicules. Hence it would appear that from the formation of one ounce of spicules at least one ton of sea water must pass through the body of the sponge. Obviously from such a weak solution the deposition of silica will not occur by ordinary physical agencies; it requires the unexplained action of the living organisms."

Just how the iodine constituent of sponge is obtained is unknown. The proportion of iodine, in combination, is so small in sea water that it hardly seems possible that enough water could circulate through the canals of the sponge to account for the high percentage of iodine in its composition.

Considering the sessil form and plant-like growth of sponges and the lack of organs visible to the naked eye, it is small wonder that until comparatively recent times most writers have classified them as belonging to the vegetable kingdom. True it is that Aristotle believed the sponge to be an animal "though showing points of likeness to plants," and from his time until early in the last century an occasional author placed the sponge among the animals. Without the use of the microscope and without observing the water currents, nor the larval young, the opinion of these old authors were very correct guesses, made with little or no supporting evidence. It was not until 1765 that Ellis observed that "sponges give proof of life by sucking and throwing out water." In 1825 Robert Grant made more complete observations and noticed that a current "enters the sponge by small aperatures, scattered over the surface and leaves it at certain larger holes, always pursuing a fixed course." In 1867 James Clark first saw the protoplasmic collar of flagellate cells, thus accounting for the force that gives rise to the currents.

Although for a hundred years naturalists have seemed quite satisfied to classify the Porifera, or sponges, among the

animals, the perplexity caused by them has not ceased. When first classified as animals they were unhesitatingly placed among the Metazon, or multicelled animals. In 1884, embryological and morphological evidence led some investigators to contend that sponges are not metazoa, but protozoa. Even at the present time authorities do not agree as to which great group the sponges belong. Certain it is that they occupy a very isolated position in the animal kingdom.

The domestic uses of sponges are so numerous and so well known that their enumeration is far beyond the limits of the present paper. In early surgery they were saturated with oil and ignited to control hemorrhages, a use that was long ago discontinued. Until recently, when antiseptic methods came into practice, surgeons quite generally used sponges as swabs for wounds, and also made tents by saturating the sponge in wax and molding it while warm to the form desired.

In medicine, also, since very early time, preparations of sponges have played their part. Since the introduction of iodine and its compounds, however, their use has not been as general as formerly, although prepared sponge (spongia) is now a much used medicine, prized in the treatment of croup and in certain forms of goitre.

The Cambridge Natural History, a work that is in no way

connected with the practice of medicine, states:

"Spongia—Von Furth points out that this term is really a collective one, seeing that the identity of the organic skeletal substance of all sponge species is hardly to be assumed. Spongia is remarkable for containing iodine. The amount of iodine present in different sponges varies widely, reaching in certain tropical species of the Aplysididae and Spongidae the high figure 8 to 10 per cent. Sea weeds which are especially rich in iodine contain, as a rule, only 1.5 to 1.6 per cent.

"At one period in the practice of medicine, a craze was instituted among many practitioners for the isolated energetic principles of plant preparations, such as the alkaloids and resinoids. This attempt to supersede natural structures of plants passed, as experience taught that in only a comparatively few instances did a drug yield a definite energetic constituent, and in most cases an isolated constituent of a plant as a whole. In like manner, many observing physicians believe that artificial iodine compounds, do not well serve patients whose symptoms call for spongia."

Far back in the practice of medicine we find accounts of many abandoned uses of sponges. Some of these are enumerated in the following paragraphs, taken from Motherby's Me-

dicinal Dictionary, 1745:

A burnt sponge is of an acrimonious and digestive Faculty. Impregnated with Bitumen, and used while it is on Fire in order to be dried, it stops an Haemorrhage from a Wound. If Bitumen be wanting, Pitch may serve. A new sponge is manifestly drying, for if you apply it a Wound, either with Water, Posca, or Wine, it will prove as good an Agglutinant as those Medicines which are applied for stopping an Haemorrhage. Oribaf. de Virt. Simpl., Lib. 2, Cap. 1. But for the Face we use a sponge in order to revive and raise the Spirits when sunk, as in a Lipothymy, for which purpose we apply a Sponge dipt in the Summer in cold Water, but in the Winter in what is Milkwarm. But we must be cautious in such Cases, and not make the Application in the Beginning or Increase of the Fit, but in the State of Decline thereof; for in the Beginning we make Use of odoriferous things.

Sponge is a soft, light, porous Plant, resembling a Fungus, and adhering to the Rocks of the Sea. Almost all sponges are brought from the Mediterranean Sea. Sponges are of Use for enlarging Wounds when too small, and being burnt,

afford an excellent powder for cleaning the teeth.

Sponge is a very remarkable plant, because when subjected to Distillation, it affords an urinous Spirit, resembling that procured from animal substances. Calcined Sponge is celebrated for its Virtues in curing the King's Evil, and not without Reason; for 'tis certain that in this Distemper many

remarkable cures have been performed by it.

Many modern works credit the introduction of burnt sponge to Hahnemann and the Homeopathic school. Probably this school did introduce the tincture, but the following quotations from works long antedating Hahnemann or homeopathy seem to prove that to homeopathy is due the great credit of putting an old remedy into more perfect pharmaceutical form. The following quotation from Lewis, 1761, shows that sponges were then burned exactly as at the present time.

"Sponges have been commonly supposed a vegetable production, but is more probably, like the corallines, of animal origin. Chemically analysed, it yields, like animal substances, a volatile alkaline salt, and this even in larger quantity than I have obtained from any of the other animal matters, except

the bags of the silkworm.

"Burnt in a close earthen vessel, till it becomes black and friable, it has been given in doses of a scruple against scrophulous complaints and cutaneous defedations; in which it has sometimes been of service, in virtue, probably, of its saline matter, the proportion of which, after the great reduction which

the other matter of the sponge has suffered in the burning, is very large. By virtue of this saline matter also, the preparation, if ground in a brass mortar, corrodes so much of the metal, as to contract a disagreeable taint and sometimes an emetic quality; hence the college expressly orders it to be powdered in a mortar of glass or marble."—Lewis's Materia Medica, 1761.

The following account, copied from "A New Medical Dictionary or General Repository of Physic," 1775, indicates that the author, even at that early date, was well informed

regarding the use of sponge:

Spongia—Sponge.—It is somewhat like a fungus; it is a plant which grows in the sea; it is very bibulous, of a soft

substance, full of perforations, and elastic.

"It is used instead of flannels for applying fomentations, for it keeps the heat longer; for tents to dilate wounds with, in which case it is dipped in hot bees-wax, then squeezed hard until it is cold, after which it is cut into proper sizes; for pledgets to be applied over the lint which is laid on the stump after amputating a limb; and in scrofulous disorder, and cutaneous foulnesses, for which end it is reduced, by lightly burning it to a black powder, which is given in doses from 10 grains to 1 scruple, two or three times a day; its virtues, which render it useful in these disorders, depend on a volatile, animal alkaline salt (with which it abounds), and oil of the sponge united.

"When sponge is cut in small pieces, and freed from the stony matters which are lodged in it, it is burnt in a close, earthen vessel until it is black and friable, and when being powdered in a stone or glass mortar, it is kept in a close vial for use. The burning should be discontinued as soon as the matter becomes thoroughly black; as the outside of a large quantity will be sufficiently burnt, before the middle is much affected, the best method is to cut it in small pieces, and keep it continually stirring in such a machine as coffee is roasted in.

"Except raw silk, more volatile alkaline salt (ammonia) is obtained from sponge than from any other matter. By boiling the sponge in water, it gives out a portion of sea salt; by burning to ashes, it yields a large quantity of fixed alkaline

salt, the same as is obtained from the sea-salt."

Although as stated, many modern books attribute credit for the introduction of Spongia to Hahnemann, the following quotations from the works of Hahnemann (1843) prove that he himself credited its introduction to others, at least as far remote as the thirteenth century:

"Cut the sponge in pieces of moderate size, place them in

a coffee roaster, and roast them over hot coals, turning them constantly until they are of a brown color, and easily powdered. Twenty grains of this powder are mixed with four hundred drops of good spirits of wine. Let this digest for a week, stirring it twice each day, but without the addition of heat. Twenty drops of the tincture thus obtained, contains one grain of the virtue of burnt sponge.

"Thousands of years passed before domestic medicine finally found, among the innumerable medicinal substances tried in vain, a remedy that would always cure a disease so distressing as goitre. But this was at last found in burnt sponge, of which Arnauld de Villeneuve, in the thirteenth century, first speaks as having employed it in combating the

ailment.

"Medicine profited then by a harvest it had not sown, and it appropriated this discovery to domestic practice. But as always, it deemed itself dishonored by the simpleness of the remedy. It mingled burnt sponge, as a remedial agent, with othed drugs, in endless variation. These mixtures often produced no effect whatever, because the additions only served to nullify the action of the true remedy; and when they proved helpful, the cure was attributed to the accessory ingredients, so that one finally ended in a complete bewilderment as regards the true remedial agent. Thus burnt sponge lost, gradually, the reputation it had gained, and even sometimes disappeared completely at times in the 'powders against goitre,' so that many modern treatises on materia medica have passed it by in silence, as a thing altogether useless. Dominant medicine thus relegated to forgetfulness the truth that the people had established, by inumerable and painful trials. This is an example of the service it has rendered to the human race, even to the present time.

"Neverthless, while admitting even that it recognized the importance of burnt sponge as a curative agent in goitre in inhabitants of valleys, how much did it succeed in discovering the true qualities of this substance in diseased conditions, which are not always identical, since it ignored or disdained the only sure method of discovering the true qualities of remedies, which consists in trying them upon subjects in good

health.

"The following symptoms, which burnt sponge exhibits when applied to persons in health (and I would like to see this list more complete), will show in what other directions homeopathic medicine can apply this energetic remedy.

In domestic practice, where burnt sponge was given for the cure of goitre, it was administered mixed with pepper, soot, etc., and given in doses of from half a dram to a whole

dram, daily.

Fresh-water sponges are abundant in this country, as well as in Europe. They seem to have been first employed as medicine by the Russian people, to whom they were known as Badiaga. Their use in the professional practice of medicine is now confined to Homeopathic practice, where they seem to occupy a position of some importance. Allen, in the "Encyclopedia of Materia Medica," 1875, devotes five pages to a discussion of Badiaga, or fresh-water sponge.

The "Pharmacopeia of the American Institute of Homeopathy," 1897, gives the following description of the pharma-

ceutical preparation:

Badiaga. Fresh Water Sponge. Natural Order—Spongiae Description—Similar to marine sponge, having branched ramifications from the thickness of a quill to that of a finger, resembling stag's horns, with rounded corners and ends. Contains numerous round white granules, one side of which is excavated. It grows detached from the soil; is of a greenish color externally, and has a disagreeable fishy smell. It can be easily dried and pulverized.

Habitat—It is found in stagnant waters and in ditches, abundantly in Russia, and less so in some parts of Germany.

History—The powder is used in Russia to apply to bruises. It was introduced into Homeopathic practice in 1835 by Dr. Fielitz (Allg. Hom. Zeit., vii, 71), and mentioned by Dr. Hering (Guid. Sympt, ii, 298).

Part Used-The dried sponge, pulverized.

-Eclectic Medical Journal.

#### SOCIETY CALENDAR

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1922. E. G. Sharp, M. D., Guthrie, Okla., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 1922. H. T. Cox, M.D., Los Angeles, Cal., President;

Dr. L. E. Rauch, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. C. Ohnemuller, M.D., Los Angeles, President; P. M. Welbourn, M.D., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in October, 1921. Dr. Clinton Roath, Los Angeles, President;

Dr. H. C. Smith, Glendale, Secretary.

#### **NEWS ITEMS**

Dr. M. B. Ketchum has changed his address in the Auditorium Building to Room 421, instead of 511.

Dr. B. E. Fullmer has changed his address from the Fer-

guson Building, to 1112 Gower Street, Los Angeles.

Dr. H. W. Foss has changed his address to 145 S. Spring

Street, Los Angeles.

Dr. H. T. Cox has returned from an extended visit to the eastern clinics and is now located at 5681 Baltimore Street, Los Angeles.

Dr. Sibley has moved from New York to Los Angeles and

may be addressed at 1111 Florence Ave.

#### READING NOTICES

#### Cod Liver Oil For Run Down Women

Many careful clinicians have found that cod liver oil is a most excellent blood-maker in cases of lowered vitality so frequently found among women. Of course, the use of plain oil is objectionable by reason of its unpalatable taste, but when Cord. Ext. Ol. Morrhuae Comp. (Hagee) is used, this objection no longer holds. Hagee's Cordial in these cases of reduced vitality is easily assimilated and exerts a most beneficial influence on the blood-stream, increasing materially the essential elements to the blood. The appetite increases, bodily strength is augmented and the patient becomes better fitted to perform her daily tasks.

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#### LEADERS

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#### **CLUB RATES**

The various Eclectic publishers have decided to renew their special club offers to December 1, 1921, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

Price.	Club Rate.
California Eclectic Medical Journal, 819 Security Bldg., Los Angeles\$1.50	
Eclectic Medical Journal, 630 W. 6th St., Cincinnati, Ohio	2.10
National E. M. A. Quarterly, 630 W. 6th St., Cincinnati, Ohio	1.00

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance. The above discount will be allowed on an order for two or more, including this Journal.

# Concerning Echinacea 1885 to 1921

Originally employed by the Indians and Pioneers.

1885—Announced by an itinerant physician (Dr. Meyer.)

1887-Introduced to the profession by Dr. John King.

1880—A tincture was prepared for the use of investigating physicians, but not advertised, (Lloyd Brothers.)

1894—Label prepared by Dr. Felter giving therapeutic uses.

1899—First advertisement in Medical Journal, (Lloyd Brothers.)

1917—First historically descriptive pamphlet, (Lloyd Brothers' Drug Treatise No. XXX.)

1920—Heads the list of plant preparations, Lloyd Brothers' Laboratory, (See Table.)

#### Summary

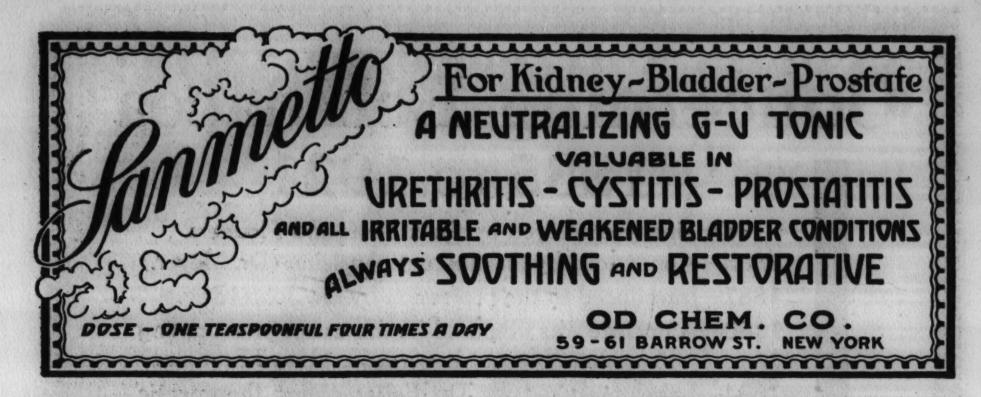
Ten years' use of Echinacea passed without descriptive label or circular. Its use constantly increased. Twenty-five years passed before appeared the first advertisement. Echinacea had become an important remedy. Thirty years passed,—then, in response to professional requests, a descriptive pamphlet was prepared. (Drug Treatise No. XXX). In less than forty years, (see position in table)

Echinacea heads the list of our plant preparations.

The above diagram was made by Professor Everett I. Yowell, Cincinnati Observatory, from Laboratory Statistics. (Out of 239 Plant Remedies, the lines represent the first ten.)

Lloyd Brothers, Cincinnati, Ohio January, 1920

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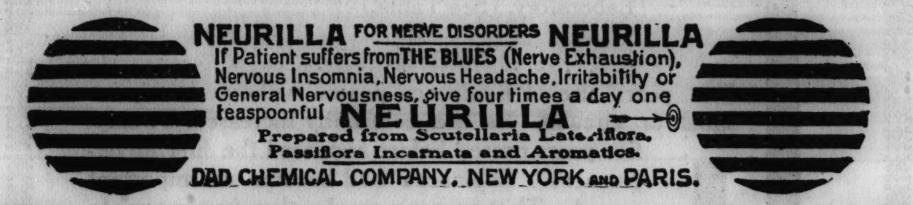
#### DR. G. W. BOSKOWITZ

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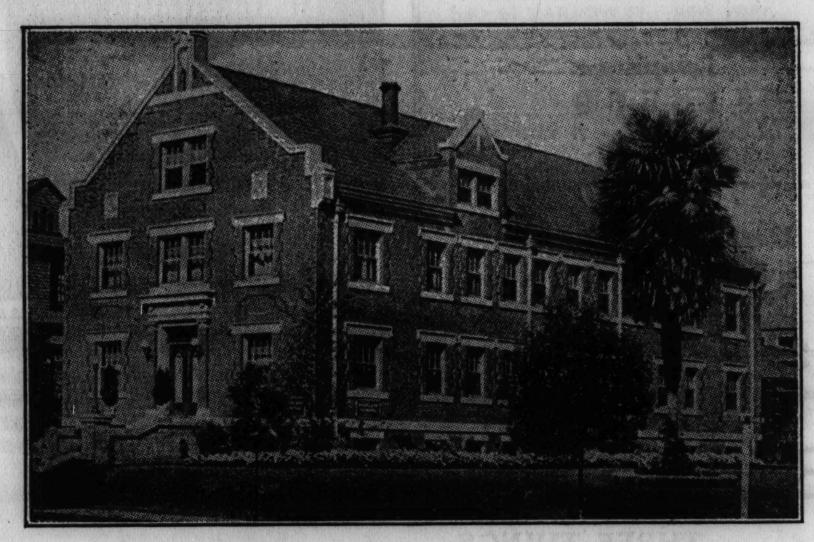
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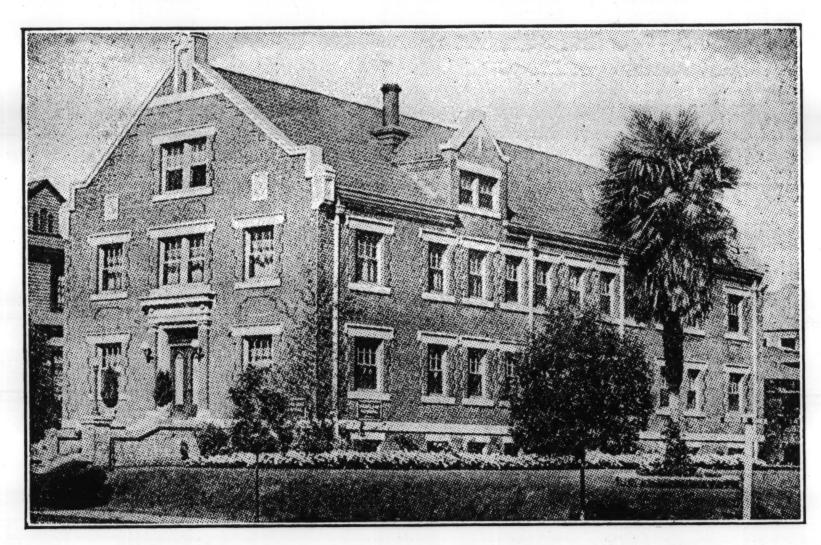
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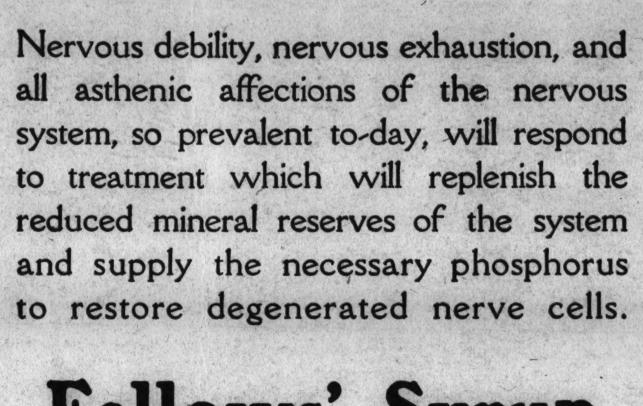
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